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## ORIGINAL COMMUNICATIONS.

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### ARTICLE I.

AN ADDRESS READ BEFORE THE ESCULAPIAN SOCIETY OF THE  
WABASH VALLEY,

HELD AT PARIS, ILLINOIS, ON THE 29TH OF OCTOBER, 1857.

BY E. READ, M. D., OF TERRE HAUTE, INDIANA.

MR. PRESIDENT AND GENTLEMEN OF THE ESCULAPIAN SOCIETY:

I have witnessed with the profoundest pleasure the proceedings of your Society, from its formation up to the present time, and although I have not had the good fortune to meet with you at any time before this, yet I have been apprised of the action of each one of your meetings, which, I can assure you, has received my heartiest approbation. I am gratified to have the privilege of meeting with you on this occasion, and I am still more gratified, to witness so much earnestness on the part of intelligent medical gentlemen in the pursuit of knowledge, and in the desire of elevating, if possible, the most dignified, the most useful, and the most humane of all professions.

I regret, however, my inability to aid you in your laudable undertaking, as much as I could wish, or to bring you an offering, which would make you wiser or better physicians.

So far as I can, however, in the short time I have appropri-

ated to this purpose, I will offer for your consideration some of the changes I have witnessed in the treatment of diseases since I commenced the practice of medicine. I may also advance some theories, which may not be consonant with your own views, but, if by so doing, I may direct your attention to doctrines, which, in my opinion, should long since have been expunged, notwithstanding you may disagree with me, yet I shall flatter myself that you will unite with me in investigating the subjects I shall present, and in earnestly seeking for what may be true and what false. And I may here be indulged in the expression of opinion, that there is nothing so hurtful to advancement in science and knowledge as prejudice, which consists, in the sense I here use it, of opinions so long taught, that they are regarded too sacred to be changed. It is a part of our nature to venerate the things which have been taught us, as venerated by our fathers before us. It is one of the great struggles of life, to abandon those things which we have loved and cherished.

It is the blotting out of impressions, which have been the dream-like ideals of all that is beautiful and good. It is striking out the sunlight of our memories, and giving to us the whirlwind and the storm. It is inviting us from that which we have been taught is true and reliable, to that which is unknown and unexplored.

Is it, then, not wonderful that any should have the temerity to abandon the known for the unknown?—that any should be found willing to sacrifice the luxurious ease already prepared for enjoyment, for the toils and anxieties incident to the investigation of subjects not well settled? Hence, we find, that doctrines once established and once received, are difficult to change. Few are found willing to attack them—few bold enough to lay the axe at the root. In the primitive ages, and in the primitive state of our art, it was even more difficult than now, because all knowledge was founded on observation, and any deviation from that was a criminal offence.

The sick were in early ages exposed in public places, so that any who passed by, and who had been similarly attacked and cured, might give their advice for the benefit of the suf-

ferers. At a somewhat later period, another method was adopted, which was an improvement, and which was better calculated to accelerate the progress of the art, and at the same time more humane, because the sick were not exposed to the public gaze.

It was this: all who were cured of disease were required to go and make an inscription in the temples of the symptoms of their disease and the curative agents which had been beneficial to them. These records were kept with the same care as the archives of the nation. They were religiously preserved for the benefit of the diseased, and for a long time every one had access to them, and had the privilege of choosing for his own sickness or that of his neighbor's the mendicaments of which experience had taught and confirmed the value. This was, perhaps, the very best and safest method which could at that time have been adopted. It was the knowledge exclusively of observation which has ever been recognized as of so much value. From this rich depository of facts, written with simplicity and truth, correct and reliable principles were deduced for the practice of medicine.

But presently, as these were all written in that temple, the many were excluded and the priests had the entire control and became by law the privileged class, having the exclusive right to practise medicine. Out of this great roll of facts they formed a medical code, a kind of digest, which was called the *sacred book*, and from its directions they were never permitted to vary.

How many at this day, let me ask, have their sacred books of practice, from whose precepts, right or wrong, they never vary? If, in following the rules there laid down, they could not save their patients, they were not held responsible, but on the contrary, they were punished with death if, after departing from them, the result did not justify their course.

It is not presumed that many would dare transcend a law so rigid and exacting, hence all progress was arrested, and the sacred pages alone were regarded incapable of having faults upon their face. The correctness of their principles having been first established they became the law. It was regarded

that practice confirmed by long experience and supported by the authority of the greatest masters of the art, was preferable to the limited experience of each particular physician.

It is a singular coincidence, and shows either a common origin of the races or the justness and universality of the law, that at a period nearly four thousand years distant, and in our own continent, and among its wild savages, we find a very similar usage to prevail.

I shall scarcely deem an apology necessary for using the language of Surgeon Moses of the U. S. army, in describing the usages of the Chinook Indians, who reside in Washington Territory, in regard to the treatment of the sick by their medicine men.

In ordinary cases of sickness, the aid of the medicine man or doctor is called in. This individual is held in high estimation, and demands large fees for his advice and services; these are given at a vast personal risk, and somewhat upon the terms of their advertising professional brethren in large cities.

Upon visiting the patient and receiving his fee, the doctor goes actively to work to drive out the evil spirit from the suffering body, where it has assumed the form of a wolf, a beaver, or large stone.

Should the unhappy victim of Esculapian art fortunately get well, the doctor remains in the enjoyment of his professional gains. Should death, however, have knocked at the door of the lodge during these mockeries, as he invariably does in some cases, the doctor not only has expended his time and labor for nothing, but now has forfeited his life, by failing to restore his patient to health. If he can compromise the matter with the relations and friends of the deceased, by paying his value, estimated in horses, blankets, canoes, he redeems his own life, but failing to satisfy the demands of the afflicted, who are very exacting, he may not expect to live to see the sun rise many times.

In this case, no less than in that of the priests of Egypt, who were governed by the *sacred book*, there was but little temptation to depart from known usages and precepts. I am just here reminded of the propriety of correcting a very popular

error in regard to Indian knowledge of the medicinal virtues of the plants of the country and of their wonderful skill in curing diseases.

I have examined with much care, the reports of our army surgeons, who have been stationed in the Indian country at the north, east, south, and west. Their universal testimony is, that they have no knowledge of diseases and have none of the medicinal virtue of remedial agents. They declare them incapable of curing a snake bite, or any of the simplest diseases which common experience, with common foresight, would seem to teach. Their females suffer greatly from uterine diseases, and have as much parturient suffering, as falls to the lot of those in the enjoyment of the luxuries of civilization. We so frequently hear of "Indian doctors," who can cure all diseases, because they have derived from the Indian, directly or indirectly, this treasured wisdom, that it is well to keep ourselves advised of the truth, that we may counteract and crush out this kind of humbuggery.

A few years ago I acquired a good deal of reputation with a band of Ottos Indians by an antimonial prescription, which was so happily suited to their cases, that they insisted on having as much of the medicine to last their journey, in case they needed it. They had a medicine man with them, but he made no pretensions to skill, and was amazed at the prompt and efficient action of the medicine I administered.

When I commenced the practice of medicine, there was no remedy in such universal repute as bleeding. It was regarded absolutely necessary to premise any treatment by letting blood. No other remedy could be used as a substitute. No matter what the disease, the amount of the circulating fluid must be diminished. If any by chance escaped, it was then regarded doubtful whether recovery were possible. An almost universal mania had seized upon the minds of physicians, and teachers and writers recommended it as a panacea. To be an expert phlebotomist was almost as valuable as to be the prince of surgeons, and one who had a reputation of this kind could see the blood flow from morning until evening without leaving his office, from the army of droppers in, to be bled, because they were not exactly well, or had some real or imaginary disease.

The women had to be bled when they were pregnant, and when they were not, with a view of becoming so. The girls had to be bled for amenorrhœa, and when spring came there was a universal bleeding and drinking of sassafras tea. I became so accustomed to the appearance of the blood at that time, that from it alone I could form a pretty good idea of the disease without any other aid. I was for a short time connected professionally in Cincinnati with a very excellent physician, a graduate of the University of Pennsylvania, and I saw him bleed a man for dropsy for twenty consecutive days. There was scarcely any coloring matter left in the blood, and he was terribly pale and death-like. As long as he dared, he bled him. He recovered, however, from the dropsy, and the physician was pronounced the best dropsy curer in the city. The bleeding was resorted to in that case under the impression that it increased the absorbent system and stimulated it to greater activity, and in that way carried out of the system the excess of water.

This method of treating dropsy was that recommended and used by Hippocrates, who was a great bleeder. He cured enlargement of the spleen and dropsies by venesection. He bled boldly and freely, even to fainting, and would sometimes open veins in both arms at once. He informs us that he bled occasionally in the hands, ankles, hams, forehead, tongue, nose, behind the ears, the breasts, and under the arms. Speaking of the nose brings to my mind some one that wished me to bleed him in the point of the nose many years ago. I suppose some believe Hippocrates recommended it. I found it an easy matter to obtain blood, and repeated it in his case several times. Dr. Rush was a great admirer of Hippocrates, and I presume the bleeding in dropsy came into vogue through him. He speaks of it as the first remedy to be used in this disease. Dr. Monroe quotes a case of dropsy from Epenius, in which bleeding succeeded, but not till after it had been used twenty times. "I could add," says Rush, "the histories of many cases of anasarca and ascites performed by means of blood-letting, not only by myself, but by a number of respectable physicians in the United States. Indeed, I conceive this

remedy to be as much indicated by a tense and full pulse, in these forms of dropsy as it is in a pleurisy or in any other common inflammatory disease."

The aged and infirm, the strong and robust of middle life, and the tender little infant, were all alike amenable to the law which declared bleeding to be omnipotent. I have impressed indelibly on my mind one of the first cases I ever had the charge of. I was called just after daylight one fall morning to ride three miles in the country to see an infirm and delicate old lady of 65 years, who was said to be in a singular condition. When I arrived, I saw my patient sitting in a rocking chair, dressed with great care and neatness, but having a wild and frightened look. She was constantly picking at her dress, as though removing something disagreeable to her. She had the exact appearance of one with delirium tremens. She gazed intently upon me, but made no response to my interrogations. I examined her carefully, for she made no resistance, although she seemed alarmed. As you might expect, I found her tongue with a white coat upon it—a very small, feeble and frequent pulse. I was a good deal puzzled. I hesitated in my own mind whether it was inflammation or a nervous disease. It had come on suddenly. She had gone to bed the evening previous in her usual health. At length, I resolved it to be some kind of phrenic and insidious inflammation, that required the lancet. I bled her, applied a blister to the back of her neck, gave her ten or fifteen grains of calomel with a little rhubarb, and in twenty-four hours she was dead. Under any treatment she may have died, but I am persuaded I was myself greatly benefited by the case. It led me to reflect more, and to question the truth of all which is written and taught.

If a little child at that time was seized with any disease, which created excitement in the circulating system, the physician turned its head to one side and opened the jugular vein with the greatest possible adroitness. The venous system was carefully studied with a view to the nicest selection of veins in different parts of the system—the neck, the arms and the feet. The old ladies had a wonderful penchant for foot bleeding.

I used frequently to bleed the medical gentleman referred to

in the case of dropsy. His preference was the temporal artery, and I could with skilful nicety cut down upon it and then make my puncture. From constant use, most physicians were skilful phlebotomists or venesectors.

This ancient and almost universal method of treating diseases probably had its origin in the humeral pathology, and this was regarded a very direct method of ridding the system of some of its peccant and morbid humors. It received, however, for a time a check, when the doctrines of Cullen began to be received in the profession.

He taught in opposition to the ancient theories, that the first changes induced in the animal system by the operation of the exciting cause of fever is a diminution of the energy of the brain; that all the powers of the body and all the faculties of the mind, that the functions of sensation and motion, the process of respiration, circulation and secretion, all fail, or are diminished in the general debility; that after a certain time a morbid increase of some of these functions, especially of the circulation, takes place, with an augmentation of the heat; that these three states, that of debility, of cold and of heat, bear to each other the relation of cause and effect; that the first state is the result of the sedative or debilitating influence of contagion, marsh miasma, cold, or any other exciting cause, and the subsequent states the result of the first; that the debility produces all the phenomena of the cold stage, and especially a spasmodic constriction of the extreme arterial vessels; that this spasm or atony of the extreme vessels exists not only in the first attack of the cold stage, but remains during the whole subsequent course of the fever; that the spasm of the extreme vessels throws a load of blood on the central parts of the circulating system, which proves a source of irritation to the heart and arteries, and excites them to a greater action; that this increased action, the source of the heat and the other phenomena which constitute the second or hot stage, continues till the spasm is relaxed or overcome; and that this excitement of spasm for the purpose of producing the subsequent reaction is a part of the operation of the *vis medicatrix naturæ*, the innate preserving power of the constitution.

In his own language, this distinguished theorist says our doctrine of fever is explicitly this: The remote causes are certain sedative powers applied to the nervous system, which, diminishing the energy of the brain, thereby produces a debility in the whole of the functions, and particularly in the action of the extreme vessels. Such, however, is at the same time the nature of the animal economy, that this debility proves an indirect stimulus to the sanguiferous system; whence, by the intervention of the cold stage and spasm connected with it, the action of the heart and large arteries is increased, and continues so till it has had the effect of restoring the energy of the brain, of extending this energy to the extreme vessels, of restoring therefore their action, and thereby especially removing the spasm affecting them; upon the removing of which, the excitation of sweat and other marks of the relaxation of the excretaries take place.

Brown, the pupil of Cullen, taught a like doctrine; except that he regarded fevers even more the result of a debilitating agent; that it was the greatest debility compatible with life and not long compatible with it. During the reign of the doctrines of these extraordinary men, blood-letting was not in accordance with their notions, and stimulants and roborants were the remedial agents employed. These were generally esteemed doctrines of heterodoxy, although in reality they were greatly in advance of the age in which they lived. As their novelty wore away, they were cast aside for the more ancient notions, which now had engrafted upon them inflammatory doctrines that called more loudly than ever for the lancet. At the head of this class of medical philosophers in our own country was the celebrated Dr. Rush, who acquired a world-wide reputation for the doctrine which he advanced and practised upon, to bleed in the yellow fever, and to administer his dose of ten grs. calomel and ten of jalap, which acquired the sobriquet of Rush's ten and ten.

A more enlightened era having dawned upon medical science, this disease is now treated upon more rational principles.

The influence which Rush had acquired in America by his writings and public teachings had much to do, I have no doubt,

in confirming in the minds of medical men not only the utility but the absolute necessity of blood-letting in most diseases.

Even at this day, our schools teach the propriety of bleeding in pneumonia, and its general antiphlogistic treatment. For many years I followed this treatment, which, however, almost always failed in accomplishing what I expected, and consequently did not meet my approbation. I followed it no longer than I found a more rational and successful method of treating the disease.

I was forced to relinquish my preference for cherished notions when I found that bleeding and antimony did not cure the disease. I was forced to abandon a treatment that so rapidly diminished the powers of life, when I saw its pale and haggard victims with their shattered constitutions, and when I saw those advanced in life so especially obnoxious to it, in whose constitutions the possibility of inflammation could scarcely exist. Does not reason and common sense abjure all antiphlogistic notions in a class of patients like those I have here cited? And I would appeal to the intelligent medical gentlemen who are my auditors, if our pneumonic or winter-fever patients are not of those whose constitutions are broken with previous disease, mostly ague, and those advanced in life. Is not the winter and spring peculiarly the season of death to the old and infirm, and the disease of which they die pneumonia? Would you not rather tranquilize the system and equalize the circulation, and maintain the diminished and wasting powers of life with opiates, stimulants and tonics? I might enter at length upon the pathology of this disease had I leisure. In this region its study is pre-eminently important, as it is the prevailing disease in the winter and spring months.

Last year, I had a little son absent from home at school. I received in the month of February a letter from his teacher, saying that he was seized with a violent disease and was very ill. I immediately took the cars, and the next morning was with him. As I entered the gate I met the attending physician, just leaving from his morning visit, who very politely went back with me to give me the history of the case and his treatment. Four days before that, at night, he was exposed at a public

exhibition, in a heated and crowded room, to a draft of cold air. Before morning, he was seized with violent and suffocating coughing, with pain in the side, and the doctor was sent for before daylight. On his first visit, he informed me that he bled him, and applied a blister to his side, and immediately administered a dose of calomel. As soon as that had operated, he put him on antimony, which very soon acted on his bowels, and for two days and nights he had involuntary discharges every few minutes. To check these, he gave small doses of calomel, and when I met him on my arrival, he had just given his morning dose of calomel, and had left antimony to use through the day. His skin was hot and dry, and his pulse very much excited. The doctor said that he regarded it very strange, that his skin did not become moist under so free a use of the antimony, but he intended to give it in increased doses that day to induce perspiration. After the doctor left, I sent to a druggist and procured a little Dover's powder and quinine. I immediately gave him a few grains of the Dov. powder, and in twenty minutes he was bathed in a profuse perspiration, which continued under the repetition of the powder once in six hours. In the meantime I gave him quinine freely, and in a few days he had recovered, except his strength, which required a good while to regain. When the doctor made his evening visit (for I requested a continuance of his calls, although I did not expect to use his medicine or his knowledge), he was amazed to see the favorable change which had taken place, all of which he ascribed to the virtues of his antimony. I did not undeceive him, because I thought he was too old to learn, and would think that I was disposed to find fault with his practice. He was a feeble little boy, not fourteen years of age, and had been subject to just such attacks all of his life, and was always cured by a teaspoonful of paregoric and a little sweet oil. The doctor regarded it pneumonia, when in fact it was spasmodic croup, and he had accordingly resorted to the most heroic anti-phlogistic treatment to cut short the terrible inflammation which he thought would speedily consume him.

Now, in this case, any one can see that the child's life was really endangered by the medicines, and that in all human

probability he would have died from antimony if the treatment had not been stopped. Whenever, in any disease, involuntary discharges from the bowels are induced from the use of antimony, every additional dose positively *endangers* life. There is no remedy more potent for good or for evil than this, and its use requires the greatest care and caution. I have long since abandoned it in the treatment of pneumonia, and have substituted remedies which I regard more in accordance with its pathological condition, and which in my hands have been greatly more successful than when I relied upon the antiphlogistic treatment.

In the treatment of fevers, when I first became connected with the profession, emetics, purgatives, alteratives, diuretics, and diaphoretics, were all liberally used. Emetics, after bleeding, were resorted to; then whatever morbid matter was left in the system, was to be purged out, according to Hamilton's theory, whose work on the use of purgatives was greatly admired. If, by chance, anything was left after that, the skin and kidneys were required to finish the work. The theory of critical days had not yet been laid aside, and the 7th, 14th, and 21st, were anticipated with fear and trembling. It was not thought that a fever could be cut short from a definite course. Patients were almost starved, and cold water, except in a limited quantity, was carefully withheld. Medicine was given almost hourly, which, with the disease, exhausted the powers of life very rapidly, and a much larger proportion died then than now. They seemed to entertain very curious notions in regard to the secretions, and it was rarely, if ever the case, that the doctor could be satisfied on this point. There was too much or too little bile in the system, and the liver was blamed for everything. The tongue had to be perfectly clean, before tonics could be resorted to; the consequence was that the patient either died or recovered before the term had arrived, when prudence and propriety indicated their use. It is gratifying to reflect, that with the rapid progress, which has in the last few years pervaded all pursuits of life, the science of medicine has kept pace, shedding its blessings upon the whole human race, and sparing from pain and

death those, who most of all others, look to us for aid and sympathy.

Epidemics, which formerly terrified the nations by their desolating and unchecked progress, have been almost shorn of their terrors. Vaccination has stayed the prevalence of small pox, and cholera is less fatal than formerly. Human suffering is shortened and human life lengthened.

The hospital reports of Paris show that while in 1805, one in seven of those admitted died, now but one in twelve; thus showing that our science has increased in its ability, in the same buildings, in a little over fifty years, to save life seventy-one per cent. In other words, when formerly fourteen men died in each hundred admitted, now only eight die, a saving of six persons in a hundred. Not only is the mortality in this wise lessened, but the duration of disease is diminished. Formerly, the residence in the same hospitals referred to was thirty-nine days, now twenty-four—a difference of fifteen days since 1805.

In the treatment of special diseases, the improvement has even been greater. In the same time, one in fifty-six cases of syphilis died, now one in two hundred and ninety-four. According to Dupin, in France, the duration of life has been increasing, equal to fifty-two days for each year, from 1776 to 1842, or nine and a half years for the whole period. The increase per annum was no time less than nineteen days.

In London, at the present time, one in forty dies, formerly one in twenty died.

In obstetrical practice, an hundred and fifty years ago, one in forty died, now less than one in two hundred and fifty. The statistics of the hospitals of our own large cities show results similar to those in Paris. In the last seventy-five years, life has been prolonged more than twenty-five per cent, and the duration of treatment lessened more than one-third.

Facts are not to be disputed, and I have referred to these with peculiar pleasure as the highest evidence of the wonderful advancement in the science of medicine. Surgery, too, is disrobed of most of its terrors and pains—a blissful sleep overtakes the subject, from which the keenest blade does not arouse him. Our own country has contributed largely to these ad-

vancements. Chloroform was an American discovery. But recently a gentleman of Georgia has discovered a new class of nerves, which he calls the excito-secretory. England and France claimed the discovery, but an investigation gave the palm to our own. Marshall Hall, just before his death, declared it an American discovery. In pathological investigations, I think American physicians are in advance of all others. And in topography, the work of a western physician, Dr. Drake, has no parallel. It is the most learned work that has ever been written on that subject, and I doubt whether any other age can produce a similar one.

Dr. Armstrong, who has written the most learned work upon typhus fever in the English language, and who advocated opinions greatly in advance of the age in which he lived, had much to do, I have no doubt, in introducing a more rational treatment of fever. It was long after his death before his views obtained a favorable reception, but his strong reasoning gradually took hold of the minds of men and led them to think and reflect.

Marshall Hall's work upon the loss of blood was another lever that was brought to upturn many of the old notions, and when we add to that the universal scourge from 1830 to 1833 of all Europe and America by cholera, a disease which clearly indicated a stimulant and tonic treatment to maintain the powers of life which in a few hours were wasted away, we have a combination of causes which wrought a change in the sentiment and practice of medicine.

Another cause I will add, which I have no doubt has had a considerable influence in increasing our confidence in *vis medicatrix naturæ*, which is the doctrine introduced by Hahnemann, and known as that of homeopathy.

We either had to concede that the doctrine of infinitissimal doses had some curative effects, or that nature, left to its own recuperative powers, could restore to health. The latter was most in accordance with our pride of opinion, and was generally adopted; and in adopting it, we were compelled to relax our hold upon the heroic doses which had so generally been adopted by the profession. Out of a doctrine, then, which we viewed

with contempt for its ultraism, we are constrained to admit much good has arisen. In addition to and from these causes men have been led to think and reflect—atmospheric and terrestrial causes of disease have been carefully investigated, and the curative influence of remedies in new combinations patiently studied—theory has yielded to the known truths of observation, and our hospitals are the great storehouses of facts from which floods of light are pouring out to bless and preserve mankind—science is rapidly drawing aside the veil which has obscured our mental vision, and the light of truth and knowledge is opening a new era.

It may not be improper to mention yet another—the extraordinary excitement of the nervous system in this the most extraordinary of all ages, when the millions of our busy population are swaying to and fro under the mightiest impulses that ever controlled the human mind or ruled its actions—when men rush to the sea, and upon its surface in multitudes for the rich returns and gains of a prosperous commerce—when the great prairies of our newly-opened territories are dotted with human beings seeking new homes—when machinery has attained the highest perfection, and when the human mind is wrought to its highest tension in every pursuit that enriches, enlightens or advances society. Is it wonderful that in such an excited state, the opiate and tonic treatment of disease is forced upon the minds of medical men?

"Already commences a new order of famous ages."

"*Magnus ab integro saeculorum nascitur ordo.*"

It was formerly rarely the case that any disease was treated many days without a salivation. This practice very generally obtained and was resorted to in acute as well as chronic diseases. It arose from an opinion advanced I think by John Hunter, that no two diseases could exist at the same time in the same system, and that when it was brought under the influence of mercury the disease would be displaced; hence it became the object of the physician, in every disease considered of a grave character, to ptyalise as speedily as possible. Tumid faces and the mercurial odor was to be found in almost every sick

room. I have seen some frightful ravages of the soft and osseous tissues from the effects of mercury. Although patients rarely died from mercurialization, yet, when it was severe, the system was very much shattered, and a perfect state of health was rarely expected afterward. I have seen two or three children die from it, the whole lip and a portion of the cheek having been carried away. A few years ago I removed a portion of the inferior maxilla, which was necrosed, together with the teeth, from a little boy, six years of age, which was induced by ptyalism.

The remedy was very frequently of a more serious character than the disease; such being the case, it became a matter of no small importance to study those remedies which would soonest arrest it, or would most surely check the pain. A great variety of topical applications were in use, and internal remedies were constantly resorted to.

It was regarded a matter of so much importance, that I wrote my graduating thesis, *De usu emeticam in ptyalismo Cohibiendo*, in the use of emetics in arresting salivation. The indiscriminate use of mercury lessened to a certain extent public confidence in physicians, and ignorant quacks availing themselves of the prejudice, raised a wonderful hue and cry against all regular practitioners. Every published quack remedy was positively declared to be entirely free from all mercurial preparations.

It was to combat mercurial preparations that Thomsonianism, in part, had its origin. Prejudice carried a certain portion of community so far, that they were willing to adopt any apparently rational expedient, rather than submit to the chances of being salivated.

This Dr. Thomson had for a partner, a very shrewd quaker, named Horton Howard, who resided in Columbus, Ohio, and who had charge of the sale of all the family rights to practice medicine in the West. He became wealthy from it, and was a man of much influence. Before the cholera made its appearance in 1832, he promised the community in which he resided, that his lobelia and capsicum, with his hot baths, were omnipotent in this disease. It so happened, that the cholera, after it

crossed the lakes from Canada in 1832, made its appearance in Columbus among the first towns. True to his promises, he diligently applied the instruments of his art, but in spite of lobelia, capsicum, and steam, his patients, as those of other men, died. A son-in-law, one of the most popular of American poets, died of it, under his treatment—the poet's wife and their children. A son and another daughter of the quaker, his own wife, and finally himself—all died martyrs to steam practice. Being a family of so much note and at the head of Western steam, it created a good deal of trembling among his brethren, for he had issued his confidence bulletins to his followers everywhere, and they regarded him infallible. This was during the palmy days of steam, and when they supported a college at Washington, with teachers in every department.

It was a paralyzing blow to the system in Ohio, and led men to doubt the truth of their vaunting promises. Notwithstanding, it flourished for many years after that. It had a sickly growth; its great head was gone; and, I presume, at this time in intelligent communities, few will anywhere be found advocating a doctrine of so few merits.

There is scarcely anything connected with the practice of medicine, which has undergone a greater and more favorable change within the last few years, than the dietetic rules prescribed for the sick. It was formerly the case, that those who were so unfortunate as to be sick, were doomed, not only to bleeding and puking and purging, but almost to absolute starvation. They had not only to contend against the disease, but against the remedies to which they were subjected for its cure. The strength of the patient was diminished as rapidly as possible, and I have no doubt, many died from actual exhaustion, caused by depressing remedial agents, and the lack of food enough to support life. I have, for many years, been in the habit, not only of permitting some food to be taken, but prescribing it as one of the means to aid a restoration of health. I know of no disease which will not be benefited by the use of some food every day, and here let me enter my solemn protest against all the slops, tasteless, nauseous, uninviting, and unsupporting, which are usually ordered for the sick. A healthy

stomach would revolt at their introduction, and I am sure a sick one could only tolerate them as medicine and not as food.

Whatever is ordered for the sick should be nutritious and palatable, then the less quantity will be required. I have seen tapioca and sago and rice forced upon little children until the very sight of these would cause them to vomit, and I do not hesitate to declare, that I would regard it fortunate for the sick, if these articles of diet were forever blotted out. Let the various preparations of animal diet take their place, and we have that which is more palatable and more nourishing.

The tastes of the sick are sometimes, not only very capricious, but very peculiar, setting at defiance all dietetic reasoning. I once had a patient, a delicate young man, who had been suffering for a good while from indigestion. In fact, he could eat nothing which would not in a short time be rejected. He lost flesh and was very low spirited. I blistered his stomach and regulated his bowels and kept him down to the starving point, according to the nicest and most approved method of Wilson. I visited him daily until I became discouraged with my want of success. All that I did seemed of no avail. On one occasion, after he had been kept to my entire satisfaction, upon toast and tea and cracker, and a moiety of soft boiled egg and a little wine whey and chicken soup, so delicate from a mere dipping in of the fowl, he asked me if I would permit him to have a little cabbage soup. "*Cabbage soup,*" I responded; "*no sir.*"

I was all the time puzzled in my own mind to know what sort of a mixture this could be, but I resolved that anything composed of cabbage would not do, hence my refusal. Next day, he ventured to remark again that he could relish a little cabbage soup. I denied him again. The third day, he repeated his cabbage soup request, to which I reluctantly assented, as I did not wish to be a *particeps criminis* in recommending what all human reason, under like circumstances, would declare to be hurtful. Well, at my next visit, he informed me that he had had a good time with his cabbage soup, that it had laid well upon his stomach, and that he felt greatly better. What could I do but to permit its continuance. He did continue it, and recovered rapidly from the day he commenced its use. I never

inquired what his cabbage soup was made of, and to this day, I am ignorant of its composition. This will admonish us of the fact, that the appetite is oftentimes the very best index of what the stomach will bear, and what the system requires. It seems to stand as a sentinel, to invite that which is beneficial, and to reject that which is hurtful. To a certain extent, under all circumstances, I think it is our duty to gratify the taste. Since I have given more attention to this subject, I think I have had better success in the treatment of diseases. The case above cited, is but one in a thousand, and I have no doubt each one of you has had analogous cases.

I know of nothing on this subject, more valuable than that from the pen of one of the most distinguished and most successful practitioners of medicine, Dr. Graves, and I shall not deem it misspent time to read his views.

"In a disease like fever, which lasts frequently for fourteen, twenty-one, or more days, the consideration of diet and nutriment, is a matter of importance, and I am persuaded that this is a point on which much error has prevailed. I am convinced that the starving system, has, in many instances, been carried to a dangerous excess, and that many persons have fallen victims to prolonged abstinence in fever. This was one of the errors which sprung from the doctrines of those who maintained that fever depended on general or topical inflammation. They supposed that fever arose from inflammation, and immediately concluded that, to treat it successfully, it was necessary to reduce the system by depletion and low diet, and to keep it at this point during the whole course of the disease. Hence the strict regimen—*diete absolue*—of the disciples of the physiological school, and of those who looked on inflammation as the essence of fever."

The more the symptoms appeared indicative of inflammatory action, the more rigorous was the abstinence enforced. If a patient's face was flushed, or his eyes suffused, no matter what the stage of the fever was, they said, "here is inflammation of the brain, and nourishment will exasperate it." If he had red or dry tongue and abdominal tenderness, they immediately inferred the existence of gastro-enteritis, and all kinds of food,

even the lightest, was strictly forbidden. That this proceeds from false notions of the nature of fever is beyond doubt, and I pointed out this fact many years ago, long before the appearance of Piorry's work. Let us in the first place examine the results of protracted abstinence in the healthy state of the system. Take a healthy person and deprive him of food, and what is the consequence? First, hunger, which, after some time, goes away, and then returns again. After two or three days the sensation assumes a morbid character, and instead of being a simple feeling of want and a desire for food, it becomes a disordered craving, attended with a dragging pain in the stomach, burning thirst, and sometime afterward epigastric tenderness, fever and delirium. Here we have the supervention of gastric disease and inflammation of the brain as the results of protracted starvation.

Now, these are in themselves very singular facts, and well deserving of being held in memory. Read the accounts of those who perished from starvation after the wrecks of the Medusa and the Alceste, and you will be struck with the horrible consequences of protracted hunger. I can refer you to more recent dates: those who were in the Isthmus of Darien with Lieut. Strain, and those who were saved for many days from the ill-fated Central America to die of starvation. You will find that most of the unhappy sufferers were raging maniacs, and exhibited symptoms of violent cerebral irritation.

Now, in a patient laboring under the effects of fever and a protracted abstinence, whose sensibilities are blunted, and whose functions are deranged, it is not at all improbable that such a person—perhaps also suffering from delirium or stupor—will not call for food, though requiring it, and that, if you do not press it upon him, and give it as a medicine, symptoms like those which arise from starvation in the healthy subject may supervene, and you may have gastro-enteric inflammation or cerebral disease, as the consequence of protracted abstinence. You may think that it is unnecessary to give food, as the patient appears to have no appetite, and does not care for it. You might as well think of allowing the urine to accumulate in the bladder, because the patient feels no desire to pass it. You

are called on to interfere when the sensibility is impaired, and the natural appetite is dormant, and you are not to permit your patient to encounter the horrible consequences of inanition, because he does not ask for nutriment. I never do so. After the third or fourth day of fever, I always prescribe mild nourishment, and this is steadily and perseveringly continued through the whole course of the disease.

He further adds, in a lecture to a medical class: I have endeavored to impress upon you the fact that there can be no doubt that persons have been occasionally starved to death in fever, and laid before you some remarkable facts connected with the influence of protracted abstinence on the general system, as well as on the brain and digestive tube. I also endeavored to show that long-continued denial or want of food generates symptoms bearing a very close resemblance to those which are observed in the worst forms of typhus: pain in the stomach, epigastric tenderness, thirst, vomiting, determination of blood to the brain, suffusion of the eyes, headache, sleeplessness, and, finally, furious delirium, are the symptoms of protracted abstinence; and to these we may add, tendency to putrefaction of the animal tissues, chiefly shown by the spontaneous occurrence of gangrene of the lungs. It has been shown by Guislain, physician to the hospital for the insane at Gaud, that, in many instances, gangrene of the lungs has occurred in insane patients who have obstinately refused to take food. Out of twelve patients who died of inanition, nine had gangrene of the lungs. You perceive, then, that starvation may give rise to symptoms of gastric disease, to symptoms of cerebral derangement, and to mortification of the pulmonary tissue. It is not, therefore, wrong to suppose that gastric, cerebral, and even pulmonary symptoms may supervene, analogous to those which result from actual starvation.

An attentive observation of the foregoing arguments has led me, in the treatment of lung fevers, to adopt the advice of a country physician of great shrewdness, who advised me never to let my patients die of starvation. If I have more success than others in the treatment of fever, I think it is owing, in a great degree, to the adoption of this advice.

Much has been written on medicine, and much taught in our schools, which is not only valueless, but is positively injurious, for the reason that the young rely upon them as guides, and consequently are misled. I have never yet seen a young graduate from an Eastern school who at first had any true conception of Western diseases, or the best method of treating them. Bier, the oculist, I think, it was who said he had put out a hat full of eyes in learning the best method of operating for cataract. If we had the confessions of the young physicians who follow the books and the teachers exclusively—and at first they are compelled to do it—I am persuaded we should have many, very many extinguished lives instead of eyes. It is our duty, as physicians, no matter where our lot upon earth may be cast, to aid, in every possible way we can, to advance a science the most noble of all others. Of all, medicine is pre-eminently and justly the first. As much as human life excels in value money and property, by so much does it excel the law which has simply for its object the adjustment of human rights. While I would not underrate any other, I would demand for our own justice. I am proud, too, that every age has thrown into our ranks intellects of the highest and most brilliant order. I am also proud that the portals to science are open to all. Industry and perseverance, and a laudable ambition, will secure the highest honors of ours or any other profession. To the junior members who are my auditors I would offer the highest encouragement. Let all your leisure time be given to reading, and writing, and studying. Keep a record of every case you attend; employ your evenings in writing them out. You will find it pleasant and profitable, and the time will soon steal upon you when your opinions will be sought after as pearls of great price. Above all things, gentlemen, let me exhort you to do your own thinking. Consult the opinions of eminent writers, but let it be rather to assist and direct than to control. After fortifying yourselves with all necessary facts, suffer no one then to think for you, but maintain your manhood in wielding the thought which Deity has given to you, in common with others. I am an admirer of genius and talent—I will pay it homage wherever found. At the same time, I would declare

that you and I, and every patient investigator of truth, is just as capable of thinking—just as capable of arriving at correct conclusions as those who are wielding public opinion in the great cities of the world.

A few years ago a poor boy of Indiana was apprenticed to a trade. He had no means—no education. He tried at his trade for a support, and having a high and holy purpose before him, stayed not his efforts until, unaided and unfriended, he had a diploma from a medical school. Still he toiled on. He was a devoted student, and became a contributor to the journals, and one of the most extensive translators from German and French periodicals of the day. These brought him into notice, for they compared favorably with the best contributions of the times. He established, by his own efforts, a medical journal. He became a professor of a college. He is now one of the Vice-Presidents of the U. S. Medical Association, is an accomplished scholar, and is at this time a professor in the medical college of Chicago, and one of the editors, within a few days, of the medical journal of your State. He richly merits every honor which has been conferred upon him, and, if he lives, he will enjoy a still prouder and a still more enviable reputation. Coming from my own State, I mention him with pride. Having been promoted to honors in yours, it is proper, on this occasion, and in the State of which he is now a citizen, to give you the name of Prof. Wm. H. Byford, as the gentleman referred to. If, at any time, any one present, or any of your friends, should visit Chicago, I beg you will make his acquaintance. I cite this instance, because he is one of us, a living monument of what industry and perseverance will accomplish.

And now, gentlemen, in conclusion, let me encourage you in the continuance of good works; and it affords me a particular pleasure to say that, as a profession, I know of none whose members discharge more faithfully their duties—whose aims and purposes are more laudable, and who live and labor with so much self-sacrifice as those of our own. To do good—to soothe the anxious heart—to allay pain and stay disease, is the physician's duty. Everywhere he is on the same holy mis-

sion. He is on the battle-field and in the pest-house. He is the fearless, sleepless sentinel at every threshold, to uplift the shadowing pall of death from its trembling, prostrate inmates. Where the pestilence reigneth most, there he is. Where all hearts are palsied with fear, as the desolating plague sweeps over the doomed to death, there is he to inspire hope to the anxious, to soothe the sorrowing, and to console the dying. All may not be great, but all may be good, and capable of doing good. To the humblest of the profession there is a ripened harvest—a field of sympathy, and sorrow, and disease, which invite the soothing voice, the kind and gentle look, and the hopeful agent of which he is the minister. There are sorrowing hearts which welcome his coming with grateful, confiding hope, and tearful eyes of gladness for all his words of consolation.

## ARTICLE II.

## CASES TREATED AT THE COLLEGE CLINIC BY PROF. BRAINARD.

## CASE OF DOUBLE HARE-LIP—OPERATION—RECOVERY.

REPORTED BY EDWIN POWELL, M. D.

A female infant, aged ten months, a robust, healthy child, born of Irish parents, was brought to the College Clinic, Dec. 11th, 1857, with a compound complicated variety of hare-lip, viz: a fissure on each side of the mesial line, corresponding with the nostrils, which extended through the alveolar process of the upper jaw, and also the hard and soft palates. That portion of the alveolar process containing the two front incisors projected forwards nearly one inch beyond the lateral sides of the jaw.

**OPERATION, Dec. 11, 1857.**—The integument covering the projecting part having been dissected back, it was removed with the bone nippers. The copious hemorrhage from the bone, which followed its removal, was instantly and effectually checked by the application of the actual cautery. The next step in the operation was to separate the lip from the alveolar process upon each side of the fissure, so that it could easily be brought forward, and to vivify the border of the fissure, which was done by the

removal of a section with a scalpel. The hemorrhage was controlled during this stage of the operation by pressure upon the facial arteries.

A leaden wire was next passed deeply through the lip, just beneath the alæ nasi, the ends of which were twisted together so as to bring the parts in contact; and afterwards two steel needles were passed through the edges of the wound, one near the inferior termination of it, and the other midway between the needle and leaden wire. Around the ends of the needles a silken ligature was passed, from one side of the division to the other, first transversly, then obliquely, in such a manner, that the thread is made to cross as many points of the wound as possible, which greatly contributes to maintaining its edges in even apposition. Lastly, the points of the needles were broken off, and the ends supported by small dossils of lint placed between them and the flesh. No other dressing was applied. The child was directed to take twelve drops of the camphorated tincture of opium every three hours.

*Dec. 17th.*—No unpleasant symptoms have occurred. The dressing was removed to-day, and the union of the lip was perfect. A strip of isinglass plaster was placed across the lip, to support the yet tender union. The integument which was saved from the proboscis is to make a septum nasi, which will require a second operation, after the other shall have become perfectly consolidated.

Of course, there is but one mode of treatment to be adopted in these cases; but it is an important question, concerning which there is some difference of opinion, whether the operation should be performed while the child is young, or at what time of life it should be resorted to.

Dionis, Garengeot and others advise waiting until the child is four or five years of age, on the ground that before this period the "child's cries and agitations would render the operation impracticable, or derange all the proceedings taken to insure its success." It is plain, however, that such reasons are not of great weight. A child, four or five years old, and even one eight or ten years of age, is much more difficult to manage than an infant only a few weeks old. Every child of the above-

named age has a thousand times more dread of the pain than of the deformity, or of the inconvenience of the complaint, to which he is habituated, while an infant of tender age fears nothing, and only feels the pain of the moment.

Another class of surgeons, prominent among whom are Sir Astley Cooper, Samuel Cooper, Liston and Druitt, recommend that the operation should not be undertaken till the child is about two years of age and has cut its teeth, "because of the liability of infants of tender age to convulsions after operations." This, in fact, appears to be the only real objection against the early performance of this operation, and yet it is one which I am satisfied has been very much exaggerated, as Bell, Ledran, Mays, Roonhuyzen, Pancoast, and many others plainly show.

Prof. Brainard recommended the early performance of the operation in 1837, and he has now operated on nearly one hundred and fifty cases, the greater number of which have been infants only a few weeks old, and not in a single instance have convulsions occurred. The operations have been uniformly successful, with two exceptions; one of which was a case where the fissure in the lip was caused by phagedenic ulceration, which returned in the wound after the operation; in the other, the patient died in two days after the operation, apparently from deficient nourishment.

Lawrence "thinks it very desirable to remove the defect early on every account."

The age, therefore, at which the operation may with most propriety be attempted, is from three to four weeks. The positive advantages of an operation at this period are:

*First, the absence of all fear or opposition to the performance of the operation on the part of the child.* An infant of the above-named age may, with proper care, and the administration of opiates, be kept quiet most of the time, a circumstance which favors the successful termination of the operation very much; while, on the other hand, a child one year old will scream and struggle the moment the surgeon enters the room.

*Secondly. The pressure exerted by the lip is capable, after the successful performance of the operation, of moulding the*

*alveolar process of the jaw, and of closing up the fissure extending through it and hard palate.*

*Thirdly. The ability to acquire the power of speech or articulation of sounds much more perfectly.* It is a well established fact, that the intelligence of a child is developed just in proportion as it is able to utter distinctly the sounds of language. This, then, becomes a very important consideration in deciding the time for operating, and one which ought not by any means to be lost sight of. Unless a person is able to express his ideas clearly and distinctly, they will never be of much service to himself, or any one else.

In regard to the *method* of operating, there is almost as much diversity of opinion as in regard to the time. M. Louis recommended the use of adhesive plaster, and an uniting bandage simply, believing that a perfect cure might always be accomplished by them, so as to save the patient from all the pain and annoyance of sutures. But this method of operating has been entirely abandoned, as inefficient in more than the simplest kind of cases. The twisted and interrupted sutures are the only means resorted to by surgeons of the present day; the former we believe to possess very superior advantages over the latter, for the two following reasons: *first*, the edges of the wound may be held much more perfectly and firmly in contact, and, *secondly*, the polished surface of a steel or silver needle does not ulcerate and cut through the tissues, as soon as silken ligatures, whereby the parts are held for a longer period in contact, another important consideration in cases which do not readily unite.

In those cases, where the fissure is widely separated, and where there seems to be a greater want of tissue than is common, Prof. Brainard is in the habit of using, in addition to the needles, a leaden wire passed deeply through the lips just beneath the alæ of the nose, so as to bring the fresh surfaces together by means of it. The advantage of this is that it relieves the needles of an undue amount of pressure, and also, as it does not cut through the tissues as soon as a ligature, it holds the parts in apposition for a longer time.

In the compound complicated variety of hare-lip, we often

find a projection of one side of the jaw bone, in the form of a proboscis, which must be removed, as preliminary to the operation on the soft parts, by the bone nippers. It has frequently been found necessary to employ the actual cautery in these cases, to arrest the hemorrhage from the bone which follows the removal of this proboscis. It is not necessary to support the cheeks, either by an uniting bandage, or adhesive plaster, during the treatment.

The needles should be removed on the fifth or sixth day, and isinglass plaster applied to support the yet tender union.

The child should be kept as quiet as possible, for which purpose opiates may be administered.

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#### ARTICLE III.

[DECEMBER MEETING.]

#### REPORT OF CASES IN OBSTETRICAL PRACTICE.

READ BEFORE THE COOK CO. MEDICAL SOCIETY.

BY THOMAS BEVAN, M. D.

CASE 1.—Mrs. S—n, aged 22 years, in good health, married two years, has had two miscarriages. On the evening of Friday, Nov. 13th, accompanied her mother to the railroad depot. On returning home about dusk, she encountered a man, who made indecent proposals to her. She was very much frightened, although he did not attempt to forcibly detain her in his presence. She got out of his way as soon as she could, and made the best of her way home. Her husband noticed she was looking pale and excited, but she went about her work as usual, getting tea; notwithstanding, she felt some pain in the lower part of the abdomen, and from its intensity she was obliged to stop and sit down once or twice before she had finished. She ate but little, and after supper lay down on the lounge. Her pains came on at intervals, and increased in poignancy and intensity, until about ten o'clock p.m., when feeling a desire to evacuate the bowels, she passed in the vessel what proved to be a fœtus, between four and five months advanced. I was then called; found her in some pain, and the after-birth not yet delivered.

It was got away without difficulty, however, and with the exception of considerable nervous excitement, tendency to weep and complain rather more than usual, seemed to be doing well. I ordered a full dose of morphine to be repeated in four or five hours, if she was not quiet. Called the next morning, found my patient had had a good sleep, and was very comfortable.

I thought this case worth reporting, because it seems to be one, so far as I am able to judge, where miscarriage was brought on by the effect of a strong mental emotion. The miscarriages she had had previously were not so far advanced as this, and she was taking more than usual care to avoid that accident. She went on to convalescence without any unusual occurrence, and is now well.

CASE 2.—Mrs. A—n, aged 30 years, the mother of eleven children, married when she was thirteen years of age, lives in the second story of a house in State street, having the backstairs outside of the building, Nov. 10th, in going down stairs she slipped, and in her effort to avoid falling struck the abdomen against the hand rail. She felt a little sick at the stomach at the time, but the symptoms passed off and she thought no more of it. In two or three days she noticed a discharge from the vagina unlike what she had been accustomed to, with rather a foetid odor; not troubling her much, and no alarming symptom arising, she did not consult a physician. At about three o'clock, the morning of the 20th, I was called and found her in labor, with the head of a child engaged in the inferior strait, which after an hour or two of moderately expulsive effort was born. It was dead, and no effort at resuscitation was instituted—the surface presenting the general palor that exists after life has been extinct for several hours. On passing my finger up the cord, I found another child engaging in the mouth of the womb, which after a few minutes was expelled. This last was also dead, and presented the appearance of having been dead eight or ten days. The cuticle was detached in several places; the odor was that of decomposition, and there was a purplish discoloration of the general integument; the liquor amnii was very foetid, and not abundant; the cord of the first child was three or four times as large as that of the second, indicating that absorption had

already commenced, for it is not probable that simple arrest of development for eight or ten days would account for the difference in size, even when coupled with the accidental difference usual in twin births. This woman was between the eighth and ninth months of gestation.

CASE 3.—Mrs. K—bs, in good health, pregnant with her fifth child, consulted me about three months ago for a discharge from the vagina, usually of a yellowish color and quite abundant, that had existed six or seven days; sometimes she had a little pain, and occasionally the discharge was sanguinolent. I recommended her to keep as quiet as possible, as the discharge was most abundant when she was on her feet, and told her I thought it was the amniotic fluid escaping, and that it would increase the chances of miscarriage. An examination at this time did not reveal anything more than some increase of the moisture of the vagina and a softened condition of the os; no appreciable dilatation. On the night of Nov. 21st, at twelve o'clock, her husband came to me, saying the child was born, and wanted me to see his wife, who was feeling very faint, immediately. I found the child was born, and the mother flowing considerably, with a small rapid pulse, and the after-birth not yet delivered. I removed it as soon as I could, and induced contractions by frictions and a snug bandage and compress.

The following is the history of her labor: She awoke suddenly from a quiet sleep in great pain, and rousing her husband, before he could dress her child was born, having been accomplished in just three pains, according to her story, neither more or less. It is probably impossible for labor to go through all its phases to the birth of the child in three pains, so that this must have been a case in which the first stage or that of dilatation was so gradual and painless as to fail to rouse her. There was very little water discharged at the time of her delivery; the woman felt nothing of the usual gush of waters during its progress. The child seemed between seven and eight months advanced and lived till the second morning, seeming to die exactly as children do from general bronchitis. It had lain an hour in a room without fire, and it is probable, if it had been kept thoroughly warm all the time, might have lived. This

case seems to demonstrate that a hard labor does not always occur where there has been premature escape of the waters, though they seem to have exerted some influence in bringing on miscarriage.

I report these two last cases, that they may be added, if worthy of it, to the number of cases where the waters have passed off prematurely, and the comparative frequency of miscarriage following it; also, the length of time a woman may carry twins, one being dead from an external cause, in an advanced state of pregnancy, and its general effect upon the life of the other foetus.

CASE 4.—Concerns more directly the child than the mother. Mrs. C—h, a healthy woman, married two years, first child, had a good labor and is doing well. This lady had her menses last March 15th, which, if we count from the middle of her menstrual month, would make the foetus eight months, but it is probably nearer term. The child was born alive. Its movements were not active, however, and after the nurse had washed the anterior part of the body, turning it over, she found the appearance you observe [specimen exhibited to the society] at the lumbar region of the spine. I examined it, and established the existence of a spina bifida, extending from the dorsal vertebræ to the sacrum. The tumor presented a deep purplish or florid appearance, and the external envelope was a very delicate shining membrane, seeming to be an extension of the skin, but very much thinned and altered in its characters. I explained to the husband its nature, and dressed it with a soft piece of old linen, imbibed in oil, and a cotton compress, retained in place by the usual bandage, so as slightly to compress it. There was not much vitality about the little fellow, although he drank some sugared water, evacuated the bowels, and passed the urine. It lived from ten o'clock p.m., on Wednesday, until five o'clock p.m., on Thursday. Its cry was weak, respiration irregular, and there was during the whole time a very congested condition of the head and face; the fontanelles were not unusually prominent, and moderate pressure on the tumor did not seem to determine any accident to the child.

Spina bifida, as far as I am aware, is rather a rare deformity

in this country, according to *Ollivier, Dict. de Med., Art. Hydrorachis*, vol. 16. Chaussier reports of 132 cases of malformation of various kinds occurring or deposited at the Maternite out of 22,293. Twenty-two were spina bifida, or about one in 1000. The influence of this vice of conformation on foetal life is not very noxious, for according to authors, children born with this malady are generally alive, but after birth it is entirely otherwise. It causes death sooner or later, and habitually in a period of time varying with the development of the tumor and the site it occupies. Generally the more elevated the tumor, the sooner death occurs: sometimes brought about by the rupture of the sac; at others, from spinal meningitis. Occasionally, the infant falls into coma, and death gradually arises from that direction; but without occupying the time of the society, I will simply add, it is almost necessarily a fatal affection. A few cases of cures are on record; one lately by Chassaignac with iodine injections, recorded in Bonchut's *Maladies des nouveaux nes*; one or two by Sir A. Cooper, referred to in Samuel Cooper's surgical dictionary, treated by puncture and compression, and various other means have been occasionally successful, when the tumor was small and pediculated; but in such a case as this, when the spinal column in the whole lumbar region is nothing more than a gutter formed by the bodies of the lumbar vertebrae, all the appliances of our art must necessarily remain impuissant. This child died from the rupture of the sac. The nurse says it did not sleep from the time it was born until about three o'clock on Thursday afternoon. At five o'clock, she went to it and found it was dead. It seemed to suffer from the moment of birth, making constantly a kind of moaning noise, unlike the cry of a healthy child.

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#### ARTICLE IV.

[TRANSLATED BY DR. BYFORD.]

HOSPITAL FOR CHILDREN IN PARIS.—MAD. RICHARD.  
LEUCORRHEA OF CHILDREN.

You have seen, Gentlemen, how common an affection of little children is leucorrhea; we seldom have a clinic without noticing

it. It is necessary to watch these little patients to have a just idea of the extreme abundance of this discharge. Nothing is more rebellious, and the worthy superintendent of Saint-Therese assures us that she has never seen a case cured. We had two of these little patients in this institution affected with this malady. In spite of their prolonged stay in the hospital and varied modes of treatment by M. Guersant and myself, they were in the same condition as when they first were admitted. In order better to ascertain the source of the discharge more than with a view to treatment, for I had despaired of success, three other little girls with this affection were admitted into the hospital. This made five. You find them in beds Nos. 5, 21, 23, 29 and 34, in the ward of Saint-Therese. M. Rousseau considers leucorrhea of children to consist generally of simple eczema of the vulva. We have satisfied ourselves that if there really is intertrigo of the vulva, it is simply produced by the discharge from the vagina, an effect rather than a cause. Does the mucous membrane of the uterus participate in the disease? What is the state of the weak? We have not arrived at a decision in these two respects.

However this may be, our five patients have been promptly cured, to the great astonishment of our pious nurse-mother of the ward. This success was effected by injections of colocynth. Dr. Claude, now of Paris, formerly of Verdun, is the author of an unpublished work on the effect of purgatives in general, and colocynth injections in particular. It is replete with originality, and is marked by real practical talent. As he cited me to a rebellious case of leucorrhea in a child cured by this means, I concluded to give it a trial in these cases, and, as you see, with surprising results. The treatment was instituted in the following manner, on a pod of colocynth of the ordinary size: two glasses of warm water was affused, and they were macerated for twenty-four hours. One-third of this liquid, after the colocynth was well expressed into it, is a dose for a child eight years old. Prior to using it, the rectum should be evacuated thoroughly by a large injection of tepid water. The time the colocynth injection will be retained is very variable, from fifteen minutes to an hour. During the day of its administration, the child

will have from seven to thirty stools, the last of which are sanguinolent; the next day, from four to ten. Gum water is given to drink in any quantity the patient may wish. If food is desired, it should be very light, and given sparingly. The twelfth or thirteenth day the patient has entirely recovered from its effects and the appetite is good. On the sixteenth or seventeenth day, we may administer it again. Three of our patients have taken the colocynth injection three times, the other two four times. With all of them the discharge had very much diminished after the first injection; in three, complete suppression had taken place after the second. All five were retained over a fortnight after the cure had been entirely effected. We have seen three of them since, and have the address of all of them. The cure was complete and permanent.—*Gazette des Hopitaux.*

#### RESUME OF THE RESULTS OF DR. FRIEDRICH'S RESEARCHES ON ABDOMINAL TYPHUS (TYPHOID) FEVER IN CHILDREN.

1st. Typhoid fever in children is not an uncommon disease; it is sometimes sporadic and sometimes epidemic. 2d. It affects boys more frequently than girls. 3d. Mortality is less among children than grown persons; greater among girls than boys. 4th. What month or season of the year predisposes children to typhoid fever does not appear. This seems more influenced by local circumstances than seasons of the year. 5th. In regard to the frequency of occurrence and mortality in different periods of life, it may be said that it very seldom attacks sucking infants after two years of age; it is most frequent between six and eleven years; from the eleventh year the susceptibility decreases until after puberty. The most unfavorable time for mortality is between one and four years. \* \* 7th. Typhoid of children and scarlet fever are not apt to prevail at the same time to any extent; where one occurs as an epidemic the other declines, if it was before prevailing. 8th. Occasional epidemics rage among the children to a considerable degree, while adults are entirely exempt from its attacks. 9th. The anatomico-pathological changes, in children as in grown persons, bear something of a relation with the intensity of the fever. Ex-

tremely seldom, however, is there much hardness from infiltration in the glands of Peyer: the most that is generally seen in the glands is that a single follicle is or has been infiltrated, and either by resorption or rupture into the alimentary canal, has returned to its normal size without leaving a cicatrix. The bursting of these glands into the alimentary canal is of very small extent. It is also very seldom that children show eruptive inflammation of the pharynx, oesophagus, trachea, etc.

10th. It has been seen that age and sex exercise considerable influence as predisposing causes of typhus abdominalis, but distress, uncleanliness, unsubstantial nourishment, impure air and damp, dark dwellings are most injurious. Of no less moment are acclimation, sudden changes of modes of living, and the occurrences of different and new relationship, but the most powerful of all is an epidemic morbidity of constitution. Contagion is of very doubtful importance in this respect. \* \* \*

11th. Among the most important symptoms of typhoid fever among children are those of the abdominal organs, such as tumidity of the spleen, the diarrhoea meteorism, barborigma. There are also fever, accelerated respiration and bronchial catarrh constantly present. The infrequency and trifling character of hemorrhage occurring in the early part of the disease shows how unimportant an amount of congestion or inflammation exists in the intestinal canal in the early stages of the disease. The disease does not usually begin with the chill that ordinarily ushers it in with the adult. Nervous phenomena, delirium, somnolence, etc., are frequent but not intense in their manifestation; there is seldom any embarrassment in the motor system. Among the eruptions, the rose-colored spots are the most common; scarcely ever papular, late miliary vesicles arise. The character and extent of the eruption seem to be entirely independent of the force and intensity of the fever.

12th. Children are generally attacked in a mild degree by typhoid fever, and, as before stated, boys more severely. The duration of the disease varies with its intensity, and may be from sixteen days to several months. In severe cases, complications are very common, and very much protract, or for a long time prevent, convalescence. Relapses seldom happen,

but it may be followed by other diseases. 13th. Peculiar complications are much less frequent among children than adults; such, for instance, as parotitis, phlebitis, general, but particularly, intestinal hemorrhage. The infrequency and harmlessness of this last is doubtless owing to the mildness of the intestinal lesion. The exanthemata, as small-pox, measles, variola may protract or interrupt the stage of convalescence. 14th. The ordinary result of typhoid fever in children is rapid and complete convalescence; the more favorable, because children are commonly not subject to those dangerous or mortal sequela, by which adults are affected, as tuberculosis, gangrene, ulcerations, enlargement of the glands of Peyer or mesenteric glands. Tubercles are found in very few children dying of this disease. 15th. We must depend almost entirely on objective symptoms for a diagnosis in the abdominal typhus of children; among the most important is enlargement of the spleen, next a rosealous eruption, high temperature of the skin, a knowledge of the epidemic tendency, diarrhoea, meteorism, painfulness of the abdomen, iliocoecal gurgling, catarrhal rhouchus, head symptoms, etc. A sure diagnosis cannot always be arrived at the first few days of the disease; but, gradually as the case progresses, the characteristic symptoms make their appearance, until we are enabled to recognize the disease. 16th. The prognosis in this disease in children is generally favorable; the more favorable, of course, the milder the attack, and the more simple and uncomplicated the case. The prognosis will be influenced by the character of the reigning epidemic, the circumstances, the sex and age of the patient. Complications and sequela should have more influence in making up prognosis than simple intensity. Intensity of a particular symptom is not of so bad omen, as a somewhat less intensity, but still grave *assemblage* of several symptoms. 17th. The best plan of treatment for the most part in abdominal typhus of children is the expectant. This is according to the teachings of our experience and reflection. It should be prophylactic, dietetic, and regulated by the symptoms present. The disease does not admit of interruption, though the administration of moderate doses of calomel in the first five to eight days seem

to exercise a favorable influence on its general course. Above all, the strength of the little patient should be supported as much as possible, by the early and systematic use of nourishing diet, continued perseveringly during the whole course of the malady.—*All. Med. Cent. Zeitung.*

[In translating the above, as I think, interesting article of Dr. Friedrich's, of Dresden, I have used the terms typhoid fever and abdominal typhus as synonymous, as I so understand them.—TRANSLATOR.]

The following is an excellent destrifice to neutralize the products of decomposition and stimulate the gums, while it imparts an agreeable aroma to the breath:

|   |                               |            |
|---|-------------------------------|------------|
| R | Cochinelle,                   | 3 grains.  |
|   | Sub. Carb. Potass,            | 5 "        |
|   | Distilled water, a few drops. |            |
|   | Essence of Peppermint,        | 4 drachms. |
|   | Alcohol,                      | 1 quart.   |

Wet the pulverized cochinelle and sub. carb. potass with the water, enough to thoroughly moisten together, and then put them into a bottle containing the alcohol and mint previously mixed. By using this mixture, first washing the mouth well with water, there need be no troublesome accumulation of tartar or inflammation of the gums, which so frequently cause the teeth to decay and fall out.—*L'Art. Dentaire.*

### BOOK NOTICES.

**LECTURES ON THE DISEASES OF WOMEN.** By CHAS. WEST, M.D., Fellow of the Royal College of Physicians, Examiner in Midwifery at the Royal College of Surgeons, England, Physician-Accoucheur to St. Bartholomew Hospital, and Physician to the Hospital for Sick Children. Part 1st—Diseases of the Uterus. Philadelphia: Blanchard & Lea, 1857. For sale by Keen & Lee, Chicago.

"In estimating the value of the speculum as a means of diagnosis, I think that the advances in our knowledge of uterine diseases of which it was the indirect occasion, by the impulse it

gave to their study, we sometimes confound with those positive additions to our information which we owe exclusively to the use of that instrument. The former have been very great indeed, and I think candor compels us to acknowledge that they have been due almost exclusively to persons who, not content with our previous means of investigating uterine disease, have labored to increase them by the employment of instruments. The latter have certainly been less considerable, but nevertheless the speculum enable us in many instances to decide at once and with certainty, upon the nature of a case, which otherwise we should have understood only after long and careful watching, to discover some minute polypus which the fingers alone would not have detected, to determine the source of a profuse leucorrhœal discharge, and to decide whether it is furnished by the cavity of the womb or the walls of the vagina, or from the redness, congestion, or abrasion of the os uteri, to infer the state of the womb generally, and thus to conduct our treatment upon the sure ground of positive observation, not upon bare presumption. At the same time, however, that I hold the speculum to be in many cases of most essential service, I think that the endeavor of all of us should be to ascertain the minimum of frequency with which its employment is necessary. That is to be done not by decrying the instrument, still less by attributing dishonest motives to those who use it, but by soberly and honestly trying to test the value of the information we derive from it, and learning to discriminate between those appearances which the speculum discloses that are of moment, and such as are of no importance." (Page 33.)

The above is Dr. West's estimate of the speculum. His position with regard to the use of it and local applications to the uterine neck may be considered conservative, and all his opinions and treatment as detailed in this little volume are characterized by acute discrimination and temperate energy. Its contents are divided into twenty lectures,—beginning with the symptoms, mode of examination and importance that should be attached to disease of the uterus, passing through the lighter up to the more grave functional disorders of the female sexual system, displacements of the uterus, non-malignant organic

diseases of structure, and ends with a graphic description of cancerous affections. Nothing short of a patient and thorough examination of the work itself, will enable the reader to form a just estimate of the amount of valuable and available information it contains. There are no flourishes, or an egotistical display, of originality to the prejudice of his predecessors or compeers, but a plain, straight-forward and philosophical exhibition of the state of our knowledge on the subjects of which he treats. We know of no treatise of the kind so complete and yet so compact.

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**PNEUMONIA, its Pathology and Treatment.** By EZRA READ, M.D., of Terre Haute, Ind. From the *Nashville Journal of Medicine and Surgery*. Nashville: Cameron & Fall.

To all who are acquainted with our accomplished friend, Dr. Read, it would be needless to say that this essay is replete with sound sense, and information. Dr. Read describes a species of pneumonia with which we are personally well acquainted, curable by quinia alone. Such publications are necessary occasionally to open our eyes to some things that are transpiring around us unobserved.

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**GENERAL THERAPEUTICS AND MATERIA MEDICA**, adapted for a Medical Text Book with Indexes of Remedies and of Diseases and their Remedies. By ROBLEY DUNGLISON, M.D., L.L.D., Professor of Institutes of Medicine, etc., in the Jefferson Medical College of Philadelphia, formerly Professor of Materia Medica and Therapeutics in the University of Virginia and Maryland and in Jefferson Medical College of Philadelphia; with one hundred and ninety-three illustrations. Sixth edition, revised and improved, in two volumes. Philadelphia: Blanchard & Lea, 1857. Pages 544 and 539.

The profession is too well acquainted with this work to require any comment from us. It is sufficient to say that this edition is "improved," as the author assures us. For sale at the book store of Keen & Lee, Chicago.

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**A THEORETICAL AND PRACTICAL TREATISE ON MIDWIFERY:** Including the Diseases of Pregnancy and Parturition and the attentions required by the child from birth to the period of weaning. By P. CAZEAUX, Member of the Imperial Academy of Medicine, Adjunct Professor in the Faculty of Medicine of Paris, Chevalier of the Supplementary Number of the Order of Charles III., Member of the Surgical Society, of the Biological Society, of the Medical Society of Emulation, of the Anatomical Society, Non-Resident Associate of the Medical Society of Bordeaux, Correspondent of the Society of Accoucheurs of Berlin, President of the Medical Society of the department of the Seine. Adopted by the Superior Council of Public Instruction, and placed

by ministerial decision in the rank of the classical works designed for the use of Midwifery Students in the Maternity Hospital of Paris. Second American from the fifth French Edition. Translated by WM. R. BULLOCK, M.D., with one hundred and forty illustrations. Philadelphia: Lindsay & Blakiston, 1857. For sale by Keen & Lee, Chicago.

We should regret the necessity (want of space) which compels our notice of this truly classical work into brief dimensions, if we did not know that the profession throughout this, and in fact all civilized communities, are well acquainted with its merits. This edition is a noble specimen of authorship profusely complete in every department of obstetrics, without useless prolixity. Too much praise cannot be awarded the talented translator for the faithfulness of his task, and the easy flow he has given, to the rendering of the text from the French to our own language. Its typography is brilliant and very correct, as is the case with the books of Lindsay & Blakiston generally. It would but be doing justice to the book, and but the expression of our honest conviction, after a careful examination, to say that we know of no work on this all important branch of our profession that we can recommend to the student or practitioner as a safe guide through the perils and perplexities of the lying-in month before this.

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**INTRODUCTORY LECTURE**, delivered by D. WARREN BRICKELL, M.D., Professor of Obstetrics, N. O. School of Medicine. Nov. 3, 1857. Published by request of the Class. New Orleans, La.

**ADDRESS**: Introductory to the Fifteenth Annual Course of Lectures in Rush Medical College. Delivered Nov. 2d, 1857. By N. S. DAVIS, M.D., Professor of Principles and Practice of Medicine in Rush Medical College, Chicago, Ill.

The above addresses, in style and character of contents, are fair representatives of the almost antipodal differences of their two talented authors.

B.

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**MEDICAL LEXICON**: A Dictionary of Medical Science, containing a concise explanation of the various subjects and terms of Anatomy, Physiology, Pathology, Hygiene, Therapeutics, Pharmacology, Pharmacy, Surgery, Obstetrics, Medical Jurisprudence, Dentistry, etc.; Notices of Climates and of Mineral Waters; Formula for Officinal, Empirical, and Dietetic Preparations, etc., with French and other synonyms. By ROBLEY DUNGLISON, M.D., L.L.D., Professor of the Institutes of Medicine, etc., in the Jefferson Medical College of Philadelphia. Revised and greatly enlarged. Philadelphia: Blanchard & Lea, 1857. Pages 992. For sale by Keen & Lee, Chicago.

Six thousand subjects and terms have been added to the contents of the last edition. This is the fifteenth edition and con-

tains in all 60,000 subjects and terms. We know of no book with which to compare this but Webster's unabridged dictionary. It is as indispensable to the intelligent physician as Webster is to the general scholar. Both now are the standard dictionaries of the English language, and received universally as authorities throughout the civilized world. In this respect, at least, young America can boast of successful competition with the world; she has produced the two best dictionaries of the age.

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We have received a copy of the **TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION** for 1857, containing the Minutes, the Report of the Treasurer, Casper Wistar, the Address of President, Zina Patcher; Report on the Medical Topography and Epidemics of Maryland, by E. G. Waters, M.D.; Report on Infant Mortality in large cities, the sources of its increase and means for its diminution, by D. Meredith Reese, M. D., I.L.D., etc., of New York; Report on the Medico-legal Duties of Coroners, by Alexander J. Semmes, M.D.; Report on the Topography and Epidemic Diseases of the State of Georgia, by John F. Posey, M.D., of Savannah; Report on the Use of Cinchonia in Malarious Diseases, by E. Hinkle, M.D.; Report on the Blending and Conversion of types in Fevers, by C. G. Pease, M.D., Janesville, Wisconsin; Report on a New Principle of Diagnosis in Dislocations of the Shoulder Joint, by L. A. Dugas, M.D., Professor of Surgery in the Medical College of Georgia; Report on the Facuna and Medical Topography of Washington Territory, by G. Suckley, M.D., U.S. Army, Fort Steilacoon, W. T., Oct. 1, 1856; Report on the Medical Flora of Washington Territory, by E. G. Cooper, M.D., 1857; Report on Deformities after Fractures, by F. Hastings Hamilton, M.D., Part Third, (this is a lengthy and very important report); Partial Report on the Nervous System in Febrile Diseases, by Henry F. Campbell, M. D., of Georgia; Prize Essay; The Excito-Secretory System of Nerves, its relation to Physiology and Pathology, by Henry Fraser Campbell, M.D., Professor of Special and Surgical Anatomy in the Medical College of Georgia, etc. etc.; "Observation becomes Experiment, when used in severe processes of induction," Victor

Cousin, May, 1857; Prize Essay; Experimental Researches relative to the Nutritive Value and Physiological Effects of Albumen, Starch and Gum, when singly and exclusively used as Food, by Wm. A. Hammond, M.D., Surgeon U. S. A.; Plan of Organization of the American Medical Association; Code of Ethics of the American Medical Association, adopted May, 1857; Catalogue of Officers and Permanent Members of the American Medical Association.

The mechanical execution of this volume is done in Collins' best style, and makes a very respectable appearance. As will be seen, by examining the volume, the papers are nearly all short and very practical. The report of Prof. Dugas, which is all contained in less than five pages, is worth more than the cost of the whole volume of the transactions to any practising physician. His principle of diagnosis is so striking, and expressed in such short style, that we cannot refrain from copying it. "If the fingers of the injured limb can be placed by the patient or the surgeon upon the sound shoulder, while the elbow touches the thorax, there can be no dislocation. In other words, it is physically impossible to bring the elbow in contact with the sternum, or point of the thorax, if there be a dislocation, and the inability to do this is proof positive of the existence of dislocation; inasmuch, as no other injury of the shoulder-joint can induce this inability." Any physician can demonstrate the correctness of this principle on the skeleton to his entire satisfaction, in a very few minutes. By sending three dollars and his address to Casper Wistar, M. D., Philadelphia, any person can procure a copy of the Transactions by mail.

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TRANSACTIONS OF THE ILLINOIS STATE MEDICAL SOCIETY FOR THE YEAR 1857.  
Chicago: Chas. Scott & Co., Book and Job Printers.

These Transactions have been thus late in making their appearance, from the fact, as Dr. Johnson, the Permanent Secretary, informs us, that the different papers were not furnished by their respective authors to the publishing committee until within a few weeks past. The next meeting of the Society will be held at the city of Rockford, on Tuesday, June 1st, 1858.

The papers contained in the "Transactions" are: The Address of the President, H. Noble, M.D., of Independence; Report of the Committee of Practical Medicine, by C. N. Andrews, M.D., of Rockford; Report of the Committee on Drugs and Medicines, by H. A. Johnson, M.D., of Chicago, Chairman; Report of Committee on the Properties of the Asclepias Tuberosa, by C. Goodbrake, M.D., of Clinton; Report on Congestive Intermittents, by Dr. F. K. Bailey, of Joliet; Report on the Changes which take place in the Blood in the Continued Forms of Fever, by N. S. Davis, M.D., of Chicago; Stomatis Materna, read before the Esculapian Society, at the meeting in Charleston, Illinois, May 27th and 28th, 1857, and ordered to be communicated to the State Medical Society, by W. M. Chambers, M.D., of Charleston; Cases of Severe Mechanical Lesions of the Knee Joint Successfully Treated, by Calvin Truesdale, M.D., Rock Island. At the end of the volume, the names of all the members of the Society are arranged in alphabetical form.

It would afford us much pleasure to enter into a critical review of these contributions, more especially as we find much in them that is valuable and worthy of extensive dissemination, and they are the productions of men exercising their profession in our own State, but space will not permit it. At some future time we expect to make such extracts as will set forth the prominent features of the more practical of these papers. The authors have all shown capacity and industry, of which the profession of the State have just reason to be proud.

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JOURNAL DE PHYSIOLOGIE DE L'HOMME ET DES ANIMAUX. Par le DOCTEUR  
E. BROWN-SEQUARD. (Journal of Physiology of Man and Animals. By  
E. Brown-Sequard, M. D.)

A Quarterly Journal, with the above title, is to be issued in Paris, commencing January 1, 1858. Each number will contain from 160 to 200 pages, with plates and figures interspersed in the text. There can be no doubt of the great utility of a journal devoted to physiology and the kindred sciences. Their rapid progress and bearing upon practical medicine and surgery, as well as medical jurisprudence, render them at the present moment objects of public interest. It is indeed not a little singular that while in the German language, besides the cele-

brated *archives* of Muller, there are five periodicals devoted in a great measure to physiology, there is not at the present time one in either the French or English languages in which this is now made a leading object.

It is scarcely necessary to say that Dr. E. Brown-Sequard is the man for such a work. Familiar with not only the works of all the most eminent writers in French, English and German, but acquainted personally with the authors themselves; learned beyond any living physiologist in France, England or America; original beyond any except Cl. Bernard, whom he fairly rivals; enthusiastic and devoted to the last degree to his pursuits; we are justly entitled to expect that the appearance of his *Physiological Journal* will constitute a new era in physiological science.

The price of the Journal in this country will be *five dollars*, payable in advance. Dr. Brainard, of this city, will take charge of remittances and transmit orders if desired. Barrington of Philadelphia is the American agent.

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## EDITORIAL.

### IMPORTANT CORRECTION.

CHICAGO, Jan. 7, 1858.

TO THE EDITORS OF THE CHICAGO MEDICAL JOURNAL:

GENTLEMEN,—My attention has been called to an article published in the *Peninsular Medical Journal* some months since, making an attack upon my character, professionally and otherwise, on account of testimony alleged to have been given by me in a case before a court in this city, relating to the subject of criminal abortion.

So long as the publication was confined to the journal in question it was unworthy of notice, the well known proclivity of some of its editors to libelous attacks upon members of the profession being sufficiently understood in the region where it circulates. The anonymous character of the original attack,

its being in a political newspaper, written by a non-professional man, or a member of the profession who concealed his name, ought, in my judgment, to have prevented respectable journalists from copying or giving it currency without taking pains to ascertain its truth or falsity. Having learned that some editors of medical journals, of whom a different course might reasonably be expected, have copied the article in question, I beg you will be kind enough to say that the report of the testimony in the case referred to, in so far as I am concerned, is essentially false and garbled.

By so doing, you will oblige your obedient servant,  
D. BRAINARD.

[We would call the attention of the journals who have copied the attack above referred to, to this statement of Dr. Brainard in regard to the facts of the case.—EDS.]

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PROLIFIC.

CASSAPOLIS, MICH., Jan. 12th, 1858.

PROF. N. S. DAVIS, CHICAGO:

DEAR SIR,—A colored lady of this county gave birth on the 4th inst. to four children—three boys and one girl—weighing four and a quarter pounds each; mother and children doing well. These make seven children to which she has given birth in less than three years. At her first confinement she had one, at the second two, and the last four. They are very poor, and there has been a subscription circulated to buy them a cow, but if they continue to increase in geometrical progression, they will soon need quite a dairy.

A. GARWOOD, M. D.

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GLYCERINE IN PHTHISIS.

JONE, ILL., Aug. 4th, 1857.

N. S. DAVIS, M.D.,—I have lately been necessitated to use glycerine, after the manner of your formula as given in the *Journal*, in tuberculosis. In every case where I have used it, the patient has complained of *pain* in the *stomach*, commencing

with its use. Have you heard such complaint? If so, what occasions it?

I am yours truly,

J. H. ROBINSON.

[We have prescribed glycerine almost daily for one or two years past, both in hospital and private practice, but have heard of no such complaint as above stated. We think it must be owing to the use of an impure article by our correspondent.—*ED. Journal.*]

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TO CORRESPONDENTS.

Interesting communications have been received from Drs. J. N. Graham, J. W. Crooks, Charles Brackett, J. P. DeBruler, C. Goodbrake, P. A. Allaire, and E. Read. They shall appear as fast as our space will permit; and the writers have our warmest thanks for their kindness. A short, but interesting article, came post marked Jacksonville. If the writer will send us his name, we will take great pleasure in publishing it with the article.

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HOMEOPATHY AND THE CHICAGO CITY HOSPITAL.

We see that several of our exchanges are representing this city as the only one in the country containing a public hospital under homoeopathic charge. We would inform all such that our city hospital is not yet under the charge of any medical faculty. It has never been opened for the reception of patients, and we do not know when it will be.

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HYMENIAL.

Married, in Orange, New Jersey, Nov. 28th 1857, by the Rev. F. A. Adams, D.D., J. B. MOFFETT, M.D., of Mineral Point, Wis., to Miss H. A. LARNED, of Watertown, N. Y.

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TO THE MEDICAL PROFESSION.

The subscribers would call the attention of physicians to the annexed list of Fluid Extracts, which we have been induced to prepare, from the difficulty of obtaining such preparations of a reliable character, and to obviate the great inconvenience of being dependent on distant manufacturers for articles of every day use by physicians.

By the process of percolation, carefully conducted, the crude material is completely exhausted of its medicinal virtues, and these, by subsequent evaporation, at a low temperature, are retained in their full original activity, and in a form highly concentrated, and exceedingly convenient for prescription.

We would respectfully invite physicians to make trial of the above, feeling confident that they will be found entirely reliable.

To those who prefer Tilden & Co.'s Extracts, we would say that we keep the usual assortment of their Solid and Fluid Extracts, and offer them at their prices. SARGENT & ILSLEY, Druggists, 140 Lake-street, Chicago.

Extractum Aconiti Fluidum, One fluid drachm is equal to  $\frac{1}{2}$  a drachm of the crude material

|   | Asclepiadis      | Tuberose,   | " | " | " | "             | "          | " | " | " | " |
|---|------------------|-------------|---|---|---|---------------|------------|---|---|---|---|
| " | Buchen,          | "           | " | " | " | "             | "          | " | " | " | " |
| " | Belladonnae,     | "           | " | " | " | "             | "          | " | " | " | " |
| " | Cinchonae        | (Calisaya), | " | " | " | "             | "          | " | " | " | " |
| " | Colombiae,       | "           | " | " | " | "             | "          | " | " | " | " |
| " | Conii,           | "           | " | " | " | "             | "          | " | " | " | " |
| " | Cimicifuge,      | "           | " | " | " | 1             | "          | " | " | " | " |
| " | Cubebe, U. S.    | "           | " | " | " | "             | ounce      | " | " | " | " |
| " | Ergotae          | "           | " | " | " | 2             | scruples   | " | " | " | " |
| " | Gallae,          | "           | " | " | " | $\frac{1}{2}$ | a drachm   | " | " | " | " |
| " | Gentianæ,        | "           | " | " | " | 1             | "          | " | " | " | " |
| " | Hyoscyami,       | "           | " | " | " | $\frac{1}{2}$ | "          | " | " | " | " |
| " | Lobelia,         | "           | " | " | " | $\frac{1}{2}$ | "          | " | " | " | " |
| " | Ophi,            | "           | " | " | " | about 5       | grains     | " | " | " | " |
| " | Pareira Bravae   | "           | " | " | " | $\frac{1}{2}$ | a drachm   | " | " | " | " |
| " | Piperis Nig.,    | U. S.       | " | " | " | 2             | ounces     | " | " | " | " |
| " | Pruni Virg.      | "           | " | " | " | $\frac{1}{2}$ | a drachm   | " | " | " | " |
| " | Rhei, U. S.,     | "           | " | " | " | $\frac{1}{2}$ | "          | " | " | " | " |
| " | " et Sennæ,      | "           | " | " | " | 45 grs.       | Senna      | " | " | " | " |
| " | Sanguinariae     | "           | " | " | " | $\frac{1}{2}$ | a drachm   | " | " | " | " |
| " | Serpentariae,    | "           | " | " | " | $\frac{1}{2}$ | "          | " | " | " | " |
| " | Scutellarie,     | "           | " | " | " | "             | "          | " | " | " | " |
| " | Sarsaparillæ,    | U. S.,      | " | " | " | 1             | "          | " | " | " | " |
| " | Sennæ, U. S.,    | "           | " | " | " | 30 grs.       | Pink-root, | " | " | " | " |
| " | " et Spigeliae,  | U. S.,      | " | " | " | 15 grs.       | Senna,     | " | " | " | " |
| " | Stillingiae,     | "           | " | " | " | $\frac{1}{2}$ | a drachm   | " | " | " | " |
| " | Taraxaci,        | "           | " | " | " | 1             | "          | " | " | " | " |
| " | Valerianæ, U. S. | "           | " | " | " | $\frac{1}{2}$ | "          | " | " | " | " |

## Sargent & Ilsley's Solution of Chloride of Zinc,

For Purifying Sick Chambers, Sinks, Chamber Vessels, Vaults, Cellars, and for preserving Corpses, Preventing Moths, Exterminating Bugs, &c.

To obtain a substance harmless in itself, and free from smell, but possessed of the property of destroying all other smells, particularly such as are often noxious or injurious to health, has long occupied the attention of scientific men. It has been found that Chloride of Zinc possesses this power in a high degree, and is also safe, economical and convenient.

It has received the sanction of the highest medical authority, and been very extensively introduced into the hospitals and public institutions of Europe and this country.

Our solution is of uniform strength, containing 35 per cent. of the dry chloride, and for most purposes should be diluted with twenty times its bulk of water. It is the cheapest, most effectual and convenient disinfectant known.

Its application is perfectly safe, both to persons and property; it is also free from the noxious and disagreeable odor of the chloride of lime, and the directions pertaining to the various disinfectants in common use. Full directions accompany each bottle.

Prepared by SARGENT & ILSLEY, Druggists, 140 Lake Street, Chicago.

## B. KEITH & CO'S CONCENTRATED ORGANIC REMEDIES.

### GALE BROTHERS, APOTHECARIES,

No. 202 RANDOLPH STREET, CHICAGO,

Are Wholesale and Retail Agents for the Sale of the Concentrated Medicines manufactured from Indigenous and Foreign Plants, by B. Keith & Co. Office, 590 Houston Street, corner of Mercer, New York City.

The high estimation in which these Medicines are held by those Practitioners who have tested their virtues, and their rapidly increasing popularity, induce us to recommend them to the Medical Faculty generally, with the assurance that a thorough trial will result advantageously.

We are prepared to offer the manufacturers' best terms to the trade, and being at all times well supplied, respectfully solicit orders.

We subjoin a List of these Preparations, to which additions will be made from time to time.

| Powders.     | Obtained from          | per oz.              | Powders.                              | Obtained from            | per oz.  |  |
|--------------|------------------------|----------------------|---------------------------------------|--------------------------|----------|--|
| Ampelopsis,  | Ampelopsis Quinquef.   | \$1 50               | Rumini,                               | Rumex Crispus,           | 80 75    |  |
| Alnain,      | Alnus Serrulata,       | 1 00                 | Sanguinarin,                          | Sanguinaria Canadensis   | 0 75     |  |
| Apocynin,    | Apocynum Cannabinum,   | 2 00                 | Scutellaria,                          | Scutellaria Lateriflora, | 1 50     |  |
| Asclepin,    | Asclepias Tuberosa,    | 1 50                 | Senecia,                              | Senecio Gracilis,        | 1 50     |  |
| Baptisia,    | Baptisia Tinctoria,    | 1 00                 | Stillingia,                           | Stillingia Sylvatica,    | 1 25     |  |
| Caulophylin, | Caulophyllum Thalict., | 0 75                 | Strychnin,                            | Strychnos Nux Vomica,    | 3 00     |  |
| Ceraselin,   | Cerasus Virginiana,    | 1 50                 | Trillini,                             | Trillium Pendulum,       | 1 00     |  |
| Chelonin,    | Chelone Glabra,        | 1 25                 | Veratrin,                             | Veratrum Viride,         | 1 50     |  |
| Cornin,      | Cornus Florida;        | 1 00                 | Viburni,                              | Viburnum Oxyccous,       | 1 50     |  |
| Corydalin,   | Corydalis Formosa,     | 4 00                 | Concentrated Tinctures.               |                          |          |  |
| Cypripedin,  | Cypripedium Pubescens, | 1 00                 | Con. Tinc. Apocynum Andro.            | \$1 00                   | per oz.  |  |
| Digitalin,   | Digitalis Purpurea,    | 1 50                 | " Chelone Glab.                       | 0 50                     |          |  |
| Euonymin,    | Euonymus Americanus,   | 1 50                 | " Digitalis Purp.                     | 0 50                     |          |  |
| Euphorbin,   | Euphorbia Corolata,    | 1 50                 | " Euonymus Amer.                      | 0 50                     |          |  |
| Eupatorin,   | (Perfo.)               | Eupatorium Perfolia, | 1 00                                  | " Eupatorium Purpu.      | 0 75     |  |
| Eupatorin;   |                        |                      | " Gossypium Herb.                     | 1 00                     |          |  |
| (Purp.)      | Eupatorium Purpureum,  | 1 50                 | " Rhus Glab.                          | 0 50                     |          |  |
| Gelseminin,  | Gelsemium Semper.,     | 2 00                 | " Scutelloria Later.                  | 0 50                     |          |  |
| Geranin,     | Geranium Maculatum,    | 0 62                 | " Senecio Gracilis.                   | 0 50                     |          |  |
| Helonin,     | Helonias Dioica,       | 1 75                 | " Strychnos Nux Vomica.               | 1 00                     |          |  |
| Hydrastin,   | Hydrastis Canadensis,  | 1 25                 | " Xanthoxylum Frax.                   | 0 62                     |          |  |
| Hyoscamian,  | Hyoscyamus Niger,      | 2 50                 | Con. Comp. Stillingia Alterative,     | 1 00                     |          |  |
| Irisin,      | Iris Versicolor,       | 1 00                 | Xanthoxylon Pills,                    | 0 50                     |          |  |
| Jalapin,     | Ipomea Jalapa,         | 1 00                 | Con. Tinc. Gelsemium Semp. 6 oz. bot. | 1 00                     | per bot. |  |
| Juglandin,   | Juglans Cinerrea,      | 0 75                 | " Veratrum Viride, 4 oz. bot.         | 0 75                     |          |  |
| Leptandrin,  | Leptandra Virginica,   | 0 75                 | Wine Tinc. Lobelia Infl., 6 oz. bot.  | 0 50                     |          |  |
| Lupulin,     | Humulus Lupulus,       | 1 00                 | Oils.                                 | per oz.                  |          |  |
| Macrotin,    | Macrotys Racemosa,     | 0 62                 | Oil Lobelia,                          | 1 50                     |          |  |
| Menispermin, | Menispernum Canad.,    | 1 00                 | " of Capsicum,                        | 0 75                     |          |  |
| Myricin,     | Myrica Cerifera,       | 0 62                 | " " Erigeron,                         | 0 50                     |          |  |
| Phytolacin,  | Phytolacea Decandra,   | 1 00                 | " " Populus,                          | 0 55                     |          |  |
| Podophyllin, | Podophyllum Peltatum,  | 0 75                 | " " Stillingia,                       | 1 00                     |          |  |
| Populin,     | Populus Tremuloides,   | 0 50                 | " Zanthoxylum,                        | 0 75                     |          |  |
| Prunin,      | Prunus Virginiana,     | 0 75                 | Oleo-Resin of Lobelia,                | 0 75                     |          |  |
| Rhusin,      | Rhus Glabra,           | 1 00                 |                                       |                          |          |  |

#### Pocket Medicine Cases, filled with Concentrated Medicines.

|        |                 |        |
|--------|-----------------|--------|
| No. 1. | 20 vials, ..... | \$5 00 |
| " 2.   | 24 " .....      | 6 00   |
| " 3.   | 28 " .....      | 7 00   |

An extra charge of ten cents per oz. will be made for medicines put up in half oz. vials.

All the articles manufactured at their Laboratory will bear the stamped label, "Prepared at the Laboratory of B. Keith & Co., NEW YORK." They will also be hermetically sealed and stamped "B. Keith & Co., Organic Chemists, N. Y."